

## PART B - FEE(S) TRANSMITTAL

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07/10/2008

**KNOBBE MARTENS OLSON & BEAR LLP**  
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(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/851,230	05/08/2001	John Hamilton	MORPS.001AUS	4015

TITLE OF INVENTION: METHOD OF TREATMENT AND AGENTS USEFUL FOR SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> No	\$200	140	\$300	\$0	\$160
						10/10/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
BELYAVSKYI, MICHAIL A	1644	424-139100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
	<u>Knobbe Martens</u> <u>Olson &amp; Bear LLP</u> 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recodation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

The University of Melbourne

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Gratten Street, Parkville  
 Victoria 3052, Australia

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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<input checked="" type="checkbox"/> Issue Fee	<input type="checkbox"/> A check is enclosed.
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Authorized Signature RAYMOND D. SMITH  
 Typed or printed name RAYMOND D. SMITH

Date July 21, 2008  
 Registration No. 55,634

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